

**WASTE MANAGEMENT
SURFACE EMISSION MONITORING
CALIBRATION AND PERTINENT DATA**

Date: 6/2/2014

Site Name: Cottonwood Hills

WEATHER OBSERVATIONS

Wind Speed: 0.5 MPH Wind Direction: West Barometric Pressure: 29.7

Air Temperature: 82 deg F General Weather Conditions: Partly Cloudy

CALIBRATION INFORMATION

Pre-monitoring Calibration Precision Check

Procedure: Calibrate the instrument. Make a total of three measurements by alternating zero air and the calibration gas. Record the readings and calculate the average algebraic difference between the instrument reading and the calibration gas as a percentage. The calibration precision must be less than or equal to 10% of the calibration gas value.

Instrument ID: 30987664 Cal Gas Concentration: 500 ppm

Trial	Zero Air Reading	Cal Gas Reading	(Cal Gas Conc. - Cal Gas Reading)
1	0	489	11.00
2	0.1	493	7.00
3	0.12	498	2.00

Average Difference: 6.67

Calibration Precision = Average Difference/Cal Gas Conc. X 100%
133.3%

Post-monitoring Calibration Check

Zero Air Reading: 0.11 ppm Cal Gas Reading: 500 ppm

BACKGROUND CONCENTRATION CHECKS

Upwind Location Description: West access Rd. Reading: 1.82 ppm

Downwind Location Description: East access Rd. Reading: 5.27 ppm

NOTES:

No readings over 200ppm

WASTE MANAGEMENT
SURFACE EMISSION MONITORING FORM

Site Name:

IDENTIFICATION				REPAIR	10-DAY RECHECK			REPAIR	20-DAY RECHECK			REPAIR	30-DAY RECHECK		
RECORD NO.	DATE	LOCATION	VALUE (ppmv)	DATE	DATE	TIME	VALUE (ppmv)	DATE	DATE	TIME	VALUE (ppmv)	DATE	DATE	TIME	VALUE (ppmv)
OTHER COMMENTS:															

WM00201

**WASTE MANAGEMENT
SURFACE EMISSION EXCEEDANCE
REMEDATION NOTIFICATION AND CONTROL**

Site Name:

RECORD NO.:	LOCATION:	DATE IDENTIFIED:
EXCEEDANCE VALVE (ppmv):		INSPECTOR:
INSPECTOR COMMENTS:		

LANDFILL OPERATIONS NOTIFICATION NO. 1.

NAME	INITIALS	DATE	TIME	ORGANIZATION

REMEDATION RESPONSE NO. 1

DATE:	TIME:	NAME:	INITIALS:
DESCRIPTION:			

10-DAY RECHECK

DATE	TIME	VALUE (ppmv)	NAME	INITIALS

LANDFILL OPERATIONS NOTIFICATION NO. 2.

NAME	INITIALS	DATE	TIME	ORGANIZATION

REMEDATION RESPONSE NO. 2

DATE:	TIME:	NAME:	INITIALS:
DESCRIPTION:			

20-DAY RECHECK

DATE	TIME	VALUE (ppmv)	NAME	INITIALS

REMEDATION RESPONSE NO. 3

DATE:	TIME:	NAME:	INITIALS:
DESCRIPTION:			

30-DAY RECHECK

DATE	TIME	VALUE (ppmv)	NAME	INITIALS

